

L.A. Care Sign-In Sheet

Name of PPG/PCP/Specialist/Hospital/Other: _____

Training Location: _____

Facilitator Name: _____

Date: _____ Time: _____ Phone: _____

Name of Training: _____



Print Name (first, last)	Signature	Job Title	Email Address

By signing your name above, you attest that you have completed the training or attended the event indicated on this sign-in sheet. 09/21/2021aw

*LA CARE FORMS AND THE LANGUAGE CONTAINED HEREIN ARE NOT TO BE ALTERED. IF A SECOND SHEET IS NEEDED, PRINT AND LABEL AS PAGE 2.